

COMPLETE THIS SECTION ON DELIVERY	
2. Article Number	A. Received by (Please Print Clearly)
7160139017842	B. Date of Delivery
RECEIVED MAR 29 2006	3/27/06
3. Service Type CERTIFIED MAIL	C. Signature <i>[Signature]</i>
4. Restricted Delivery? (Extra Fee)	<input checked="" type="checkbox"/> Agent
1. Article Addressed to:	<input type="checkbox"/> Addressee
CHARLES SHANK PITTSBURGH, PA	D. Is delivery address different from item 1?
PA DOC CENTRAL OFFICE	IF YES, enter delivery address below:
2520 LISBURN RD.	<input type="checkbox"/> Yes
CAMP HILL, PA. 17001-0598	<input type="checkbox"/> No
3-172E.S/G/O.3/23/06.SRB	I: 10
PS Form 3811 January 2003	Domestic Return Receipt